

# 2022 Camp Fircroft Staff Application

If you would like to serve the Lord at CAMP FIRCREFT this summer as a staff person, just follow these seven steps....

## 1. Choose the camp(s) in which you would like to serve!

- \_\_\_\_\_ Elementary (Entering 3<sup>rd</sup> - 5<sup>th</sup> grade **July 5-9** - note: shorter week) Dean: Pastor Paul Wager 396-2276  
Staff reports at 10 AM for staff meeting on Monday, July 5th
- \_\_\_\_\_ High School (Entering 9<sup>th</sup> - 12<sup>th</sup> grade - & UNDER 18 - **July 11-16**) Dean: Pastor Noah McKenzie 260-4265  
Staff reports at 10 AM for staff meeting on Monday, July 11th
- \_\_\_\_\_ Jr. High (Entering 6<sup>th</sup> - 8<sup>th</sup> grade - **July 18-23**) Dean: Pastor Rob Vest 430-7140  
Staff reports at 10 AM for staff meeting on Monday, July 18th

## 2. Choose whether you are applying to serve as:

- Counselor     Jr. counselor     Dishwasher     Maintenance Person    Other: \_\_\_\_\_

## 3. Fill in the information requested below!

Name \_\_\_\_\_ Age \_\_\_\_\_ T-shirt Size: S M L XL XXL XXXL

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email/Facebook address \_\_\_\_\_ Church \_\_\_\_\_

*(Unless cleared by the Camp Dean COUNSELORS for High School must be at least 2 years out of H.S.; for Elementary & Jr. High, counselors must be at least 18. JR. COUNSELORS must be at least 16 years of age for Elementary & Jr. High Camp and Kitchen staff must be at least 14 years of age.)*

### Staff Medical History (Required for hospital admission):

Please state any restrictions, physical impairments and necessary limitations of activities, or write "none": \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Bee stings? If yes, reaction: \_\_\_\_\_

Medically Required Dietary Restrictions: \_\_\_\_\_

Are all immunizations up to date? \_\_\_\_\_ If no, indicate: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Other pertinent medical or health issues (I.e., diabetes, asthma, heart problems, seizures, etc.): \_\_\_\_\_

**If under 18, parent/guardian please fill out the following:** Your date of birth \_\_\_\_\_

Name of student's Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

**Medication Policy:** All medications, including over-the-counter, brought to Camp Fircroft **MUST** be checked in with the camp medical staff at registration. All prescription medications **MUST** be in the original container with the camper's name, name of medication and directions clearly marked on the pharmacy label by the pharmacist. If a prescription changes from that on the label, a written prescription for the changed dose **MUST** accompany the bottle. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions. **Medications not complying with this policy will NOT be given.**

Current Prescription Medications: \_\_\_\_\_

The following medications may be administered when deemed appropriate by the Camp nurse or medic. Please check any medication the staff member under 18 should **NOT** receive:

- |                                                     |                                                       |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Benadryl/Diphenhydramine   | <input type="checkbox"/> Claritin/Loratadine          |
| <input type="checkbox"/> Hydrocortisone 1% Cream    | <input type="checkbox"/> Calamine/Calydryl            |
| <input type="checkbox"/> Ibuprofen/Advil/Motrin     | <input type="checkbox"/> Tylenol/Acetaminophen        |
| <input type="checkbox"/> Tums                       | <input type="checkbox"/> Mylanta/Maalox               |
| <input type="checkbox"/> Imodium                    | <input type="checkbox"/> Refresh Plus Eye Drops       |
| <input type="checkbox"/> Triple Antibiotic Ointment | <input type="checkbox"/> Aloe Vera Gel with Lidocaine |
| <input type="checkbox"/> Throat Lozenges            | <input type="checkbox"/> Betadine/Bactine/Hibiclens   |

I understand that my medical insurance is the primary insurance for my student and that Camp Fircroft insurance may not be adequate or may not apply to any injury my student might receive. The student named above is covered by medical insurance as follows: (or write "none"):

Insurance Company \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

I consent, in the event all reasonable attempts to contact me at (Phone #) \_\_\_\_\_ or at (emergency phone #) \_\_\_\_\_ have been unsuccessful, that Camp Fircroft may authorize hospitalization, anesthesia, surgery or other necessary medical treatment by a licensed physician or dentist for my student named above. I understand that this consent is given in advance of any specific treatment being required.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**FOR ALL APPLICANTS:**

**4. Please use the back of this page to:** (1) Briefly describe your salvation experience and your devotional life and (2) Any previous Christian service you have performed. (3) If you are applying as a counselor or junior counselor, tell briefly how you would lead a young person to: a) faith in Christ, and b) an assurance of salvation.

**5. IF YOU ARE 18 OR OLDER, please complete the attached release authorization** for our *Child Protection Policy* background check.

**6. I have read and will support the Camp Fircroft doctrinal statement and Teaching Positions (attached) while serving at Camp Fircroft.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**7. PLEASE NOTE - Give the completed form to your PASTOR! (DO NOT SEND IT DIRECTLY TO THE CAMP DEAN.** Your pastor will fill in his comments on the back of this sheet and forward your application to the Camp Dean(s).) You will be notified of the Dean's decision.

# CAMP FIRCROFT DOCTRINAL STATEMENT AND TEACHING POSITIONS

## DOCTRINAL STATEMENT (Copied from Village Missions)

“We believe...

- The supernatural and plenary inspiration of the Scriptures – that they are inerrant and that their teaching and authority are absolute, supreme, final and complete;
- The trinity of the Godhead – God, the Father; God, the Son; and God, the Holy Spirit;
- The personality of God – the personality and deity of Jesus Christ, begotten of the Holy Spirit, born of the Virgin Mary, very God and very Man; the personality of the Holy Spirit;
- The resurrection of Jesus Christ – that His body was raised from the dead according to the Scriptures, and that He ascended into Heaven and sits on the right hand of God as the believer’s Advocate;
- The sinfulness of man – that all human beings are born with a sinful nature, are totally depraved and need a Savior from sin;
- The Atonement – that Jesus Christ became the sinner’s sacrifice before God and died as the propitiation for the sins of the whole world;
- The necessity of the new birth – salvation is by grace through faith and not of works; saving faith will maintain good works in the life of the believer;
- The literal resurrection of the body, both of the just and of the unjust;
- The everlasting blessedness of the saved, and the everlasting punishment of the lost;
- The evangelization of the world – the supreme mission of the church in this age is to preach the gospel to every creature;
- The second coming of Christ according to Scripture.”

## TEACHING POSITION ON THE GOSPEL

### *The Provision*

“God has provided a way for people marred by sin to be renewed, restored, and once again experience life in abundance. He sent His Son, Jesus, to take our punishment and carry away our sins so that God is just to set us free from sin’s consequence and freely give us eternal life.

### *The Acquisition*

God asks people everywhere to trust that Jesus is able to give them eternal life without cost. Should we take God at His word, we will be given eternal life and adopted as God’s children.

### *The Benefit*

As children of God we have access to the Divine nature and power over sin’s grip. We are personally guaranteed resurrected bodies and qualified to share in the family inheritance. In times of need, we are invited to call on our Heavenly Father for deliverance. Our adoption cannot be undone through bad behavior, but is eternally secure.

### *The Calling*

Spiritual growth is God’s expectation for all of His children. This growth is not automatic or uniform, nor acquired through following certain rituals or obligations, but is achieved as we walk in fellowship with the Father by faith. Through fellowship we experience the abundance of life Jesus came to offer and store up treasure in heaven. God has supplied the Bible and the Spirit to aid us in this calling.”

## TEACHING POSITION ON THE SIGN GIFTS

“We are persuaded that the spiritual gifts of healing, tongues, prophecy, and miracles were extraordinary and are no longer standard for the church. As such, we will neither advance nor practice any teaching that leads our staff and campers to form a link between their relationship to God and the exercise of sign gifts.

At the same time we recognize that there is no pronouncement in Scripture declaring that these spiritual empowerings cannot take place exceptionally at the beckoning of God.”

## RELEASE AUTHORIZATION

### APPLICANTS 18 OR OLDER COMPLETE THE FOLLOWING:

- I. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of these reports.

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(Please print your full name)                      LAST                                              FIRST                                              MIDDLE

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(Please print other names you have used)

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HOME ADDRESS

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CITY                                              STATE                                              ZIP CODE

---

SOCIAL SECURITY NUMBER                                              DATE OF BIRTH

---

DRIVER'S LICENSE NUMBER                                              STATE ISSUING LICENSE

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NAME AS IT APPEARS ON DRIVER'S LICENSE

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SIGNATURE                                              TODAY'S DATE

(This page contains sensitive information. Keep only in secure files, separately from personnel records.)